



Updates from the Field BEST PRACTICES

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USING THE COMMUNITY-BASED MONITORING AND INFORMATION SYSTEM TO HELP REDUCE UNMET NEEDS

Background

Malaybalay City, the capital of Bukidnon Province in Northern Mindanao, is one of the 145 municipalities and component cities currently enrolled in the Matching Grant Program of the Philippine Department of Health. About 128,542 people distributed in 22,000 households in 46 *barangays* (villages) inhabit this mountain city.

As a Matching Grant Program enrollee, Malaybalay City is expected to establish and maintain a community-based monitoring and information system (CBMIS). The CBMIS is a tool for identifying and prioritizing women and children who have unmet needs for family planning and selected maternal and child health services. These services include vaccination against the six immunizable diseases, for children less than 12 months old; tetanus toxoid immunization for women; and vitamin A supplementation for children 12-59 months old.

How Communities are Monitored

Baseline Survey

For its initial survey in 2000, the City Health Office mobilized approximately 500 people to collect household data. The team was composed of Barangay Health Workers (BHWs), Barangay Nutrition Scholars, Barangay *Kagawads* (Councilmen) on Health, and other community volunteers.

The BHWs assigned a number to each family, and each Family Profile was numbered accordingly. Each BHW could decide what system to use for assigning family numbers in her barangay, but it had to be one that is easy to use. To ensure that all families were counted, the data collectors were assigned specific areas to cover and instructed to visit every household in their areas.

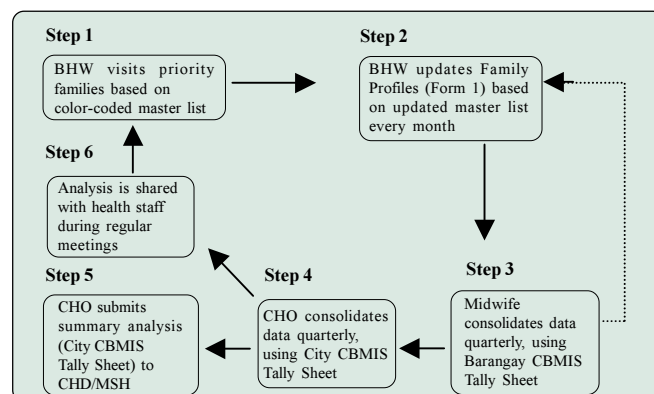
Family Profiles were completed only for permanent residents, that is, families who had lived in the barangay for at least six months. Those with less than six months' residency were considered transients and were excluded from the survey. Although they did not form part of the CBMIS baseline data, these families were able to use the services provided at the health centers.

At the end of the survey, the midwife checked the individual Family Profiles under her jurisdiction, and, with the BHWs, established a color-coded master list of individuals for each barangay. The master list, which contains the names of the individuals, was developed to facilitate tracking of unmet needs and subsequent updating of Family Profiles. Outreach services were organized, not only in areas with a high level of unmet needs but also in far-flung barangays and areas without trained health staff.

CBMIS Updating

After completing the family enumeration and collection of baseline data, families identified with unmet needs are prioritized for immediate services and Family Profiles are updated. BHWs are responsible for updating the Family Profiles monthly (see Figure 1). The master list prepared by the BHW and the midwife based on the survey serves as the tracking form for the BHW and the main source of information for updating the Family Profiles.

Figure 1. CBMIS Updating Process: Malaybalay City



Note: For samples of the CBMIS forms, please see *Updates from the Field: Technical Notes*, No. 1, Series of 2001.

BHWs are also responsible for visiting homes to check on the health needs of families in their catchment areas. Since one BHW covers one *purok* (zone), or about 100 families, in Malaybalay, each family is visited once per quarter on average. The BHW



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gives priority to families with unmet needs in scheduling these visits. These families are closely monitored to ensure that they are on schedule for services, particularly immunizations.

The BHW brings the color-coded master list on home visits. A red or orange mark on or beside a name indicates a need for a particular service. If the required service(s) has been provided, a yellow mark replaces the red or orange mark. New names are entered into the master list as new births are recorded and as new Family Profiles are completed for families that have satisfied the six-month residency requirement. The master list is also updated as routine services are provided at the health center or during special outreach activities. The BHWs make a point of reviewing the records of the health center to check if any of the individuals in their catchment area have been provided with the necessary services. Relevant new information is reflected in the appropriate Family Profiles at the end of each month.

At the end of each quarter (CBMIS Day), the midwife conducts individual sessions with her BHWs to check the entries in the Family Profiles, after which the BHWs update their respective master lists. The midwife and the BHW review the master list together and again identify the priority targets using color codes.

The midwife consolidates the data for her catchment area and submits the consolidated report (Barangay CBMIS Tally Sheet) to the City Health Office. The City Health Office reviews the form and, if necessary, returns it to the midwife for corrections.

The City Health Office consolidates all Barangay CBMIS Tally Sheets submitted by the midwives and forwards copies of the consolidated report (Municipal CBMIS Tally Sheet) to the DOH's Center for Health Development in Northern Mindanao and Management Sciences for Health. The analysis is also shared with health staff during regular staff conferences.

Results

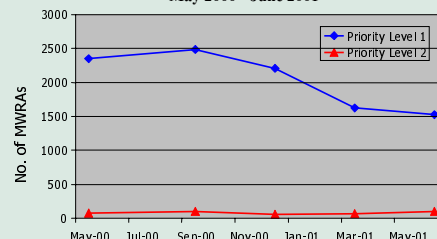
Monthly updating of Family Profiles by the BHWs allowed the City Health Office to focus its services on priority clients. As a result, family planning practice improved, as shown by the decrease in the number of non-family planning users among married women of reproductive age who either no longer wanted to have a child or wanted to space births (Figure 2). Moreover, 9-11 month old children having incomplete or no vaccination dropped from a baseline of 635 to 234 (Figure 3). The number of pregnant women either without tetanus toxoid vaccination or with only one tetanus toxoid shot also decreased from 712 to 113 (Figure 4).

Realizing the major role played by the BHWs in implementing the CBMIS, the City Health Office invested additional resources in training and retraining BHWs to use the system. Each BHW was given a bag with basic items such as pencils, a pencil sharpener, a clipboard, folders, fasteners, and an umbrella. It also

contains an IEC kit, a handbook written in *Cebuano* that serves as a ready reference for BHWs when they do home visits. The handbook covers topics such as maternal and childcare, nutrition, breastfeeding, family planning, infectious diseases, and management of diarrhea.

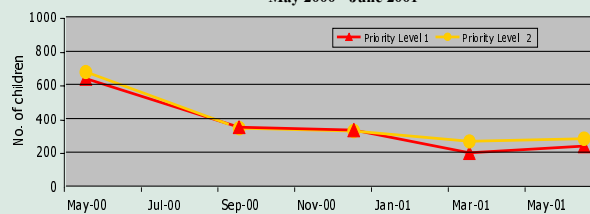
The local government likewise keeps the BHWs highly motivated by ensuring that they receive a monthly honorarium of at least Php200 (US\$4). In cases where the barangays are unable to provide the full amount, the city government pays the difference. In addition, the BHWs receive a quarterly CBMIS honorarium of Php100 or US\$2 (this will increase to Php200 by next year) and are enrolled in the Indigent Program of the Philippine Health Insurance Corporation.

**Figure 2. Unmet Need for Family Planning Services
May 2000 - June 2001**



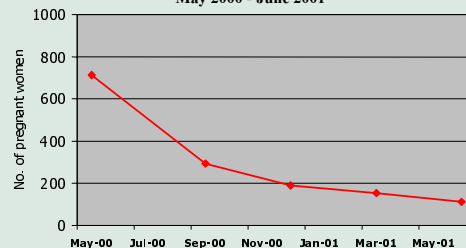
Notes:
Priority Level 1: Married women of reproductive age either not wanting to have a child or wanting to space births but not practicing family planning
Priority Level 2: Married women of reproductive age practicing family planning but not satisfied with the method being used

**Figure 3. Unmet Need for Childhood Vaccination
May 2000 - June 2001**



Notes:
Priority Level 1: children >9 months old with incomplete or no vaccination
Priority Level 2: children <9 months old not following recommended schedule

**Figure 4. Unmet Need for Tetanus Toxoid Vaccination for Pregnant Women
May 2000 - June 2001**



Note: Unmet need is defined as without tetanus toxoid vaccination or with only one tetanus toxoid shot.

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